

Reimbursable Project Allotment/UCO Request

Fund Code: _____ LO: _____ Reimbursable Project Code: _____

Program Code: _____

Reimbursable Agreement Number: _____

or TWA Number: _____
(If Applicable)

Related Direct Project Code: _____ (To be charged in the event of cost overrun)

Customer and Contact Number: _____

Additional Information Required For Reimbursable Sales/Fixed Fee Projects:

Remit Code: _____

Admin Code: _____

Orig Code: _____

Description of Activity: _____

Required for All Projects:

Federal ☐ Non-Federal ☐ Advance ☐ Non-Advance ☐
(Check One) (Check One)

Unfilled Customer Order: New ☐ Amount \$ _____
(Check One)

Mod ☐ Order # _____ Mod Amt: \$ _____

Allotment: New ☐ Increase ☐ Decrease ☐ Amount: \$ _____

Organization Code _____

	<u>First Quarter</u>	<u>Second Quarter</u>	<u>Third Quarter</u>	<u>Fourth Quarter</u>
Allotment Distribution:	\$ _____	\$ _____	\$ _____	\$ _____

NOAA Line Office Contacts:

Billing Contact Name: _____ Phone Number: _____

Program Contact Name: _____ Phone Number: _____

Email Address: _____

Special Requirements:

(Describe billing requirements)

Reimbursable Allotment/UCO Request Approval:

NOAA Program Manager

Name:

Title:

Date

RADG002 Control Number: _____

RADG003 Control Number: _____

(for Budget Office use)